

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAY 23 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000057302

1. Corporation Name

W.T. CURRAN, COMPANY

Principal Place of Business

2475 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

2475 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

65-0851636

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	CURRAN, WESLEY T	1440 KELSO BLVD. 1901 N. 37 AVE	WINDERMERE FL 34786 Hollywood FL 33021
			200003238982-4
			-06/20/00--01042--017
			****900.00 ****900.00

REINSTATEMENT

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURRAN, WESLEY T
2475 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

3389 Sheridan St.

Suite, Apt. #, Etc.

PMB 257

City

Hollywood

State

FL

Zip Code

33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5.15.00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
Wesley T. Curran
PRESIDENT

Date

5.15.00

Daytime Phone #

(904) 987-8772

CR2E040 (8/99)